

## Patient Intake Form

Prior to your appointment, please fill out and email to: [info@rosewayvet.com](mailto:info@rosewayvet.com)

Client Full Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Best # to reach you: \_\_\_\_\_ Secondary # to reach you: \_\_\_\_\_

Name of previous hospital (for new clients only): \_\_\_\_\_

Previous hospital phone: \_\_\_\_\_ Name of previous veterinarian: \_\_\_\_\_

**To save time, please have your previous veterinarian send your pet's records to [info@rosewayvet.com](mailto:info@rosewayvet.com).**

### HISTORY:

Your pet's current problem(s): \_\_\_\_\_

Onset and frequency of problem(s): \_\_\_\_\_

Has a similar problem happened in the past? \_\_\_\_\_

Does your pet require anti-anxiety medications prior to veterinary exam or treatments (if so please list the type/frequency/schedule):  
\_\_\_\_\_

### *Is your pet experiencing/has recently experienced any of the following:*

Coughing  Sneezing  Vomiting  Diarrhea  Increased Drinking/Urination

Change in Appetite:  same  better  worse

Diet (please list type/frequency/schedule/treats): \_\_\_\_\_  
\_\_\_\_\_

### MEDICATIONS:

Does your pet take medications or supplements (please list type, does, etc): \_\_\_\_\_

Parasite preventatives (please list brand/frequency): \_\_\_\_\_

Do you need refills of any prescriptions or preventatives today: \_\_\_\_\_

### AUTHORIZATIONS

\_\_\_\_\_ Please call me with an estimate before any diagnostics or treatments are performed. (please initial)

\_\_\_\_\_ I do not need an estimate and authorize all recommended diagnostics and treatments. (please initial)